

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 03-23	2. STATE Louisiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE April 21, 2003	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

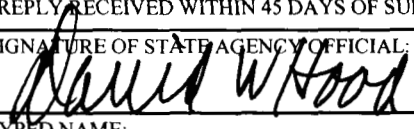
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.130	7. FEDERAL BUDGET IMPACT: a. FFY <u>2003</u> <u>\$533.06</u> b. FFY <u>2004</u> <u>\$1,237.59</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Item 2.a., Page 1a Attachment 4.19-B, Item 7, Page 1a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 02-19) Same (TN 02-17)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to increase the reimbursement rates for rehabilitation services provided by outpatient hospitals and home health agencies to Medicaid recipients up to the age of three.**

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

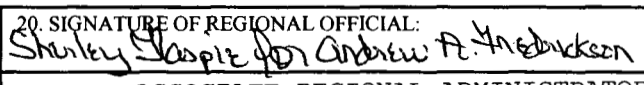
☒ OTHER, AS SPECIFIED: **The Governor does not review state plan material**

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: State of Louisiana Department of Health and Hospitals 1201 Capitol Access Road PO Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME: David W. Hood	
14. TITLE: Secretary	
15. DATE SUBMITTED: June 24, 2003	

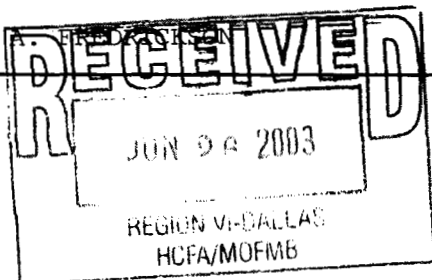
FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 26 JUNE 2003	18. DATE APPROVED: 2 FEBRUARY 2004
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 21 APRIL 2003	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: ANDREW A. FREDRICKSON	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 4.19-B
Item 2.a., Page 1a

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Rates for outpatient rehabilitation services provided to recipients up to the age of three are as follows:

Initial Speech/Language Evaluation	\$70.00
Initial Hearing Evaluation	\$70.00
Speech/Language/Hearing Therapy 60 minutes	\$56.00
Visit with Procedure(s) 45 minutes	\$56.00
Visit with Procedure(s) 60 minutes	\$74.00
Visit with Procedure(s) 90 minutes	\$112.00
Procedures and Modalities 60 minutes	\$74.00
PT and Rehab Evaluation	\$75.00
Initial OT Evaluation	\$70.00
OT 45 minutes	\$45.00
OT 60 minutes	\$60.00

Rates for additional outpatient rehabilitation services provided to recipients up to the age of three are as follows:

Physical Therapy, one modality	\$37.00
Physical Therapy, 2 or more modalities	\$56.00
P.T. with 1 or more procedures, and/or Modalities, 15 minutes	\$18.50
P.T. with procedures, 30 minutes	\$37.00
P.T. with procedures, 75 minutes	\$92.50
Occupational Therapy, 15 minutes	\$15.00
Occupational Therapy, 30 minutes	\$30.00
Speech and Hearing Therapy, 15 minutes	\$14.00
Speech and Hearing Therapy, 30 minutes	\$28.00
Speech and Hearing Therapy, 45 minutes	\$42.00
Speech and Hearing Therapy, 60 minutes	\$56.00

SUPersedes TN# 02-19

STATE <u>Louisiana</u>	A
DATE REC'D <u>6-26-03</u>	
DATE APPROV'D <u>2-2-04</u>	
DATE EFF <u>4-21-03</u>	
HCFA 179 <u>03-23</u>	

TN# 03-23
Supersedes

Approval Date 2-2-04

Effective Date 4-21-03

TN# 02-19

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 4.19-B.
Item 7, Page 1a

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

OT 45 minutes	\$45.00
OT 60 minutes	\$60.00

Rates for additional rehabilitation services provided to recipients up to the age of three are as follows.

Physical Therapy, one modality	\$37.00
Physical Therapy, 2 or more modalities	\$56.00
P.T. with 1 or more procedures, and/or Modalities, 15 minutes	\$18.50
P.T. with procedures, 30 minutes	\$37.00
P.T. with procedures, 75 minutes	\$92.50
Occupational Therapy, 15 minutes	\$15.00
Occupational Therapy, 30 minutes	\$30.00
Speech and Hearing Therapy, 15 minutes	\$14.00
Speech and Hearing Therapy, 30 minutes	\$28.00
Speech and Hearing Therapy, 45 minutes	\$42.00
Speech and Hearing Therapy, 60 minutes	\$56.00

II. Standards for Payment

- A. For items 7.a., 7.b., 7.c., 7.d., see Attachment 3.1-C regarding standards and methods of assuring high quality care.

REPLACES TN# 02-17

STATE <u>Louisiana</u>	A
DATE REC'D <u>6-26-03</u>	
DATE APP'D <u>2-2-04</u>	
DATE EFF <u>4-21-03</u>	
HCFA 179 <u>03-23</u>	

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Approval Date 2-2-04

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TN# 02-17